

MediCredit Inc.

P.O. Box 1629; Maryland Heights, MO 63043; Phone (800) 888-2238; Fax (855) 434-5959

July 17, 2019

**KENT HUBBARD
N981 COUNTY ROAD G
REESEVILLE, WI 53579**

Dear KENT HUBBARD:

Please review the **Itemized Statement** that you requested on the outstanding bill(s) owed to **ST. MARYS HOSPITAL - MADISON.**

If there is anything else I can do to assist you in resolving this matter or if you have any questions, please let me know.

Please be advised that some accounts may be written off to a zero balance on the itemized statements at the time the accounts are placed with our company.

Thank you for your cooperation.

With best regards,

The Support Team
MediCredit Inc.

This is an attempt to collect a debt from a debt collection agency
and any information obtained will be used for that purpose.

Pay online: WWW.MEDICREDITCORP.COM

**Detail Bill**

Location	Date of bill	Page No.
SSM HEALTH ST. MARY'S HOSPITAL - MADISON	1/23/2019	1

Patient Name	Patient Number	Sex	Age	Admission date	Discharge Date
Kent Hubbard	77190181511	Male [2]	31	1/18/2019	1/18/2019

Guarantor Name and Address	Account Balance
Kent Hubbard N981 County Road G REESEVILLE, WI 53579	1,987.37

Insurance Company**Pay Now**

MyChart: mychart.ssmhc.com
Online: ssmhealth.com/paymybill
Call Us: (855) 989-6789 M-F 8am-5pm CT

**Commerce Bank
0% Financing**

Call (855) 989-6789 to enroll in the Commerce Bank **No Cost, No Interest, No Credit Check** financing program for patients with payment obligations between \$600-\$50,000.

Financial Assistance

Please visit: ssmhealth.com/for-patients/financial-assistance for more information about Financial Assistance.

Billing Questions?

Contact Customer Service by Phone at (855) 989-6789 M-F, 8am-5pm or by email at billingquestions@ssmhealth.com

Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
01/18/19	0305	60020290	CBC W AUTO DIFFERENTIAL	1	287.04
01/18/19	0301	60012155	ALCOHOL ETHYL BLOOD V	1	300.38

Additional patient billing may be necessary for any charges not posted when this bill is prepared, or if any insurance carriers do not pay any amount of the amounts shown.

Patient Account number
77190181511

Please refer to this patient number
On all inquiries

PLEASE REMIT TO:

SSM Health St. Mary's Hospital - Madison Parent

PO BOX 772909
Chicago, IL 60677-2909

Phone: (855) 989-6789 or (314) 989-6789

This statement may not include all professional fees.



Detail Bill

Page 2

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01/18/19	0301	60011600	TSH	1	207.54
01/18/19	0250	890023	CHLORDIAZEPOXIDE 25 MG CAPS	1	9.75
01/18/19	0450	810476	HCHG EMERGENCY DEPT VISIT LEVEL 4	1	1,249.12

Total charges:

2,581.00

Payments and Adjustments

Description	Amount
Patient Adjustments	-593.63
Total payments and adjustments:	-593.63

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MEDICREDIT, INC.
 PO Box 1629
 Maryland Heights, MO 63043-0629
Phone: 1-800-888-2238

**You can also pay by check or
 credit card at our website:
www.mediccreditcorp.com**

Creditor Name: ST. MARYS HOSPITAL - MADISON
 Account #: 96708951
 Customer #: 77190181511

Date of Service: 01/18/2019
 Balance Due on File: \$1,987.37
 Last Payment Date: 00/00/0000

St. Marys Hospital - Madison provides Financial Assistance for eligible individuals. The Financial Assistance Policy and Financial Assistance Application are available upon request at the hospital facility, or by visiting ssmhealth.com/financialaid or by calling 1-855-989-6789. **If this debt remains unpaid, then 30 days from the date of this letter the Facility may begin the following Extraordinary Collection Actions (ECAs):**

- Reporting to a consumer credit reporting agency or credit bureaus (Credit Agencies)
- Commence a civil action (suit) which may include:
 - Garnishment of wages
 - Attaching or seizing a bank account
 - Placing a lien on residences or other personal property

A Plain Language Summary of the facility's Financial Assistance Policy is included with this notice.

Please either:

1. Remit payment in full to this office or,
2. For phone payments, express mail, MoneyGram information, call between 8:00am and 8:00pm Monday to Thursday, 8:00am to 5:00pm Friday, and 8:00am to Noon Saturday. All times are Central Time Zone.



Please call to make a payment by
 check or credit card by telephone.



Contact us toll free at 1-800-888-2238.

Medicredit, Inc.
 PO Box 1629
 Maryland Heights, MO 63043-0629

This communication is from a debt collector.

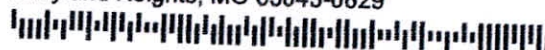
TTTOGW01
 PO Box 1280
 Oaks PA 19456-1280
 ADDRESS SERVICE REQUESTED

Account #: 96708951
 Amount Due on File: \$1,987.37
 Statement Date: August 26, 2019

Mail all Correspondence to:


 Kent Hubbard
 N981 County Road G
 Reeseville WI 53579-9794

MEDICREDIT, INC.
 PO Box 1629
 Maryland Heights, MO 63043-0629



MediCredit Inc.

P.O. Box 1629; Maryland Heights, MO 63043; Phone (800) 888-2238; Fax (855) 434-5959

August 1, 2019

**KENT HUBBARD
N981 COUNTY ROAD G
REESEVILLE, WI 53579**

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MediCredit Inc.

P.O. Box 1629; Maryland Heights, MO 63043; Phone (800) 888-2238; Fax (855) 434-5959

July 9, 2019

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N981 COUNTY ROAD G
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Chicago, IL 60677-2909

Phone: (855) 989-6789 or (314) 989-6789

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professional fees.

Kent-William: Hubbard
c/o: N981 County Road G
Reeseville, Wisconsin
[53579]

DOC NO
REC'D/FILED
2019 SEP 18 PM 3:21
PETER OPPENEER
CLERK US DIST COURT
WD OF WI

MEDICREDIT INC.
PO Box 1629
Maryland Heights, MO
63043-0629
August 28th 2019

NOTICE OF PENDING LAWSUIT

To whom it may concern,

This is being sent prior to filing suit an opportunity to amicably cure **MEDICREDIT, INC.** violations of the Fair Credit Reporting Act (FCRA) 15 U.S.C. § 1681b, Fair Debt Collection Practices Act (FDCPA) 15 U.S.C. § 1692c(a)(1) and the Florida Consumer Collection Practices Act (FCCPA), FLA. STAT. §559 (Part VI).

I am willing to settle these matters amicably without having to file suit and am giving you five days from receipt of this letter to take the opportunity to do so. If **MEDICREDIT, INC.** chooses not to settle the matters at hand then I will have no choice but to file suit and seek my remedy in a court of law.

I can be reached directly at 715-574-6072(cell) or via email at Fixitkidd88@gmail.com. This cell number is not to be called, shared, or used for any purpose other than to address the matters at hand.

Respectfully,

Kent-William: Hubbard

Kent-William: Hubbard

MEDICREDIT, INC.

PO Box 1629

Maryland Heights, MO 63043-0629

Phone: 1-800-888-2238

You can also pay by check or credit card at our website:
www.medicreditcorp.com

NOT-DEFIND-AND-NOT CLEAR

- = NO

8 = PAST TENSE

9 = FUTURE TENSE GRAMMAR = VOID SENTENCE

Creditor Name: ST. MARYS HOSPITAL - MADISON
Account #: 96708951
Customer #: 77190181511

Date of Service: 01/18/2019
Balance Due on File: \$1,987.37
Last Payment Date: 00/00/0000

Species of money per article 1 Sec 10 US constitution?

This is to inform you that St. Marys Hospital - Madison has placed your account with this agency with the full intention of collecting this account. Please give this past due account the attention it deserves.

Please either:

1. Remit payment in full to this office or,
2. For phone payments, express mail, MoneyGram information, call between 8:00am and 8:00pm Monday to Thursday, 8:00am to 5:00pm Friday, and 8:00am to Noon Saturday. All times are Central Time Zone.



Please call to make a payment by check or credit card by telephone



YOU UNDEFINED

Important Notice:

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

Financial assistance may be available to you. Please contact 800-888-2238 for further information about our financial assistance programs. If you do not qualify for financial assistance, we will work with you to establish a non-interest payment plan. If you have applied for assistance in the past, you may reapply at any time to ensure we are aware of your most current financial situation.

Medicredit, Inc.
PO Box 1629
Maryland Heights, MO 63043-0629

Empty Space = VOID

This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for this purpose.

USC 15-1692g

LAW OF BOXING & 4 CORNER LAW

>>> Please see reverse side if applicable for credit card payment or medical insurance information <<<

Detach Lower Portion and Return with Payment

287059126_ITTTOGW01DBJI_96708951_B1SS10WT

TTTOGW01
PO Box 1280
Oaks PA 19456-1280

Account #: 96708951
Amount due on file: \$1,987.37

UNDEFINED CODE

Mail all Correspondence to:

Species of money per article 1 Sec 10 US Constitution?

June 5, 2019

EMPTY SPACE = VOID

MEDICREDIT, INC.
PO Box 1629
Maryland Heights, MO 63043-0629



Kent Hubbard
N981 County Road G
Reeseville WI 53579-9794

Legal name?

USC 15-1666
correction of Billing Errors.


PO BOX CONTRACT
venue?

002422
1 of 1

Codes?

PLEASE COMPLETE THIS SECTION IF YOU CARRY INSURANCE

EMPLOYER INSURANCE OR HMO	ADDRESS	TELEPHONE
NAME OF INSURED EMPLOYEE		
GROUP OR POLICY NUMBER(S)	POLICY HOLDER'S SOCIAL SECURITY NUMBER	
CLAIM MAILING ADDRESS	INS. CO. PHONE # ()	CERTIFICATION AUTHORIZATION NUMBER IF REQUIRED



**Blue Cross
Blue Shield**

SUBSCRIBER NAME

GROUP NO.

CONTRACT NUMBER


EFFECTIVE DATE OF
CURRENT COVERAGE

SERVICE CODE

BC PLAN CODE

BLUE CROSS OR
BLUE CARE ACT.

MEDICARE →

MEDICAID
↓


Health Insurance

SOCIAL SECURITY ACT

NAME OF BENEFICIARY


CLAIM NUMBER

IS ENTITLED TO

SIGN
HERE

SEX

EFFECTIVE DATE

DEPARTMENT OF SOCIAL SERVICES MEDICAL ASSISTANCE AUTHORIZATION					Eligible Period					
Recipient ID No.	Eligible Person	Birth Date	OI		Prog.	Co.	Dist.	Unit	Wkr.	Case Number
Scope of Coverage		Patient Pay Amount		Level Of Care						

FOR INSURANCE PAYMENTS PLEASE COMPLETE UPPER PORTION AND RETURN THE ENTIRE NOTICE

WE ACCEPT MASTERCARD, VISA, AND DISCOVER

PLEASE PAY IN FULL

If you wish to make your payment via credit card, please complete the information below and return in the enclosed envelope.

CHECK
ONE

Account Number															Payment Amount	Expiration Date
															\$	/
Cardholder Name										Signature of Cardholder					Date	
Cardholder Street Address										City		State		Zip		
Phone number for verification of information if necessary ()															-	

MEDICREDIT, INC.

PO Box 1629
Maryland Heights, MO 63043-0629

Phone: 1-800-888-2238

You can also pay by check or
credit card at our website:
www.medicreditcorp.com

Creditor Name: ST. MARYS HOSPITAL - MADISON
Account #: 96708951
Customer #: 77190181511

Date of Service: 01/18/2019
Balance Due on File: \$1,987.37
Last Payment Date: 00/00/0000

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 - Attaching or seizing a bank account
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A Plain Language Summary of the facility's Financial Assistance Policy is included with this notice.

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Please call to make a payment by
check or credit card by telephone.



Contact us toll free at 1-800-888-2238.

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PO Box 1629
Maryland Heights, MO 63043-0629

This communication is from a debt collector.

>>> Please see reverse side for important information <<<

Not to be used for Partial and Return to Payment

346552258_76TTT0GW0101DSCL5R_96708951_B1SS10WT

We are required under certain State and Local Laws to notify consumers of those States or Localities of the following rights. This list does not contain a complete list of the rights consumers have under Federal, State, or Local Laws.

ADDITIONAL INFORMATION FOR CALIFORNIA RESIDENTS

The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency, if you fail to fulfill the terms of your credit obligations. Please notify the creditor of any change(s) in your name, address or employment.

ADDITIONAL INFORMATION FOR COLORADO RESIDENTS

FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE www.coag.gov/car. COLORADO OFFICE LOCATION: 80 GARDEN CENTER, SUITE 3, BROOMFIELD, CO 80020; LOCAL PHONE: 303-920-4763; TOLL-FREE PHONE: 800-388-7977.

A CONSUMER HAS THE RIGHT TO REQUEST IN WRITING THAT A DEBT COLLECTOR OR COLLECTION AGENCY CEASE FURTHER COMMUNICATIONS WITH THE CONSUMER. A WRITTEN REQUEST TO CEASE COMMUNICATION WILL NOT PROHIBIT THE DEBT COLLECTOR OR COLLECTION AGENCY FROM TAKING ANY OTHER ACTION AUTHORIZED BY LAW TO COLLECT THE DEBT.

ADDITIONAL INFORMATION FOR MASSACHUSETTS RESIDENTS

NOTICE OF IMPORTANT RIGHTS: YOU HAVE THE RIGHT TO MAKE A WRITTEN OR ORAL REQUEST THAT TELEPHONE CALLS REGARDING YOUR DEBT NOT BE MADE TO YOU AT YOUR PLACE OF EMPLOYMENT. ANY SUCH ORAL REQUEST WILL BE VALID FOR ONLY TEN DAYS UNLESS YOU PROVIDE WRITTEN CONFIRMATION OF THE REQUEST POSTMARKED OR DELIVERED WITHIN SEVEN DAYS OF SUCH REQUEST. YOU MAY TERMINATE THIS REQUEST BY WRITING TO THE DEBT COLLECTOR.

ADDITIONAL INFORMATION FOR MINNESOTA RESIDENTS

THIS COLLECTION AGENCY IS LICENSED BY THE MINNESOTA DEPARTMENT OF COMMERCE. Collection agency street address is Medcredit Inc., 3620 I-70 Dr. E Ste C, Columbia, MO 65201-6582. Hours of operation on front.

ADDITIONAL INFORMATION FOR NEW YORK CITY RESIDENTS

This collection agency is licensed by the New York City Department of Consumer Affairs, license numbers 1209512-DCA, 1294245-DCA, 2004610-DCA, 2004614-DCA and 2004603-DCA.

ADDITIONAL INFORMATION FOR NORTH CAROLINA RESIDENTS

Medcredit, Inc., 111 Corporate Office Dr. Suite 200, Earth City, MO 63045; North Carolina Department of Insurance permit number:

Pursuant to N.C. Gen Stat. 131E-91, patients have a right to receive an itemized bill. Please contact the provider at 800-888-2238 to request an itemized bill.

ADDITIONAL INFORMATION FOR TENNESSEE RESIDENTS

This collection agency is licensed by the Collection Service Board of the State Department of Commerce and Insurance.

ADDITIONAL INFORMATION FOR UTAH RESIDENTS

As required by Utah Law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

ADDITIONAL INFORMATION FOR WASHINGTON RESIDENTS:

This collection agency is licensed as Medcredit, Inc., 3620 I-70 Drive SE, Suite C, Columbia, MO 65201-6582, 877-395-3125, 800-242-6813; 1801 California Avenue, Corona, CA 92881-7251, 800-777-9929; 13730 South Point Boulevard, Charlotte, NC 28273-7715, 888-213-9688; 111 Corporate Center Drive, Suite 200, Earth City, MO 63045-1506, 800-888-2238; and 9700 Bissonnet Street, Suite 2300W, Houston, TX 77036-8001, 860-633-2200.

Financial Assistance Summary

SSM Health is committed to providing financial assistance to people who are without insurance, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care. SSM Health will provide care of emergency medical conditions to individuals regardless of their ability to pay.

Financial assistance is available on a sliding-scale. Each applicant's financial need is based on Federal Poverty Levels, which includes income and number of family members. Financial need does not consider age, gender, race, social or immigrant status, sexual orientation or religious affiliation. SSM Health limits the amount charged for emergency and medically necessary care provided to patients who are eligible for financial assistance under this policy to not more than gross charges for the care multiplied by the AGB percentage

To apply for financial assistance, you must complete a Financial Assistance Application. Call (855) 989-6789 or visit ssmhealth.com/financialaid to receive a free application. The following documentation should be included with your application:

- Checking & savings account statements (last three months)
- Verification of income (last two months)
- Last year's federal tax return or non-filing letter

Uninsured patients automatically receive a discount on their bill. This will be noted on your billing statement. It does not disqualify you for financial assistance. For uninsured patients, financial assistance is applied after the discount.

Patients without enough insurance coverage also might be eligible for assistance.

Our Financial Counselors can help determine your financial assistance eligibility. If applicable, they can help you apply for Medicaid or setup a payment plan.

Patients are expected to cooperate with SSM Health's Financial Assistance Application process. Eligibility for financial assistance may be restricted to residents in the primary service areas of SSM Health's care sites. In cases when a patient appears eligible for financial assistance, but no evidence is available, SSM Health could use outside agencies to determine eligibility.

Translations of the Financial Assistance Policy, the Billing and Collections policy, the Plain Language Summary, and the Financial Assistance Application are available in the following languages at ssmhealth.com/financialaid: Spanish, German, Chinese, Vietnamese, French, Serbo-Croatian, Korean, Russian, Tagalong, Arabic, Hmong, Laotian

A copy of our Billing and Collections Policy, which describes the actions that SSM Health may take in the event of nonpayment, is provided for free upon request.

SSM Health may at any time revise the criteria determining eligibility for financial assistance.

Submit the application and all requested documentation by mail, email, fax, or in person. Be assured that SSM Health understands the sensitivity of your personal information and works hard to protect your privacy.



By Mail
SSM Health: Patient Business Services
 Attn: Financial Assistance
 PO Box 28205
 St. Louis, MO 63132



By Fax
 (314) 989-6374



By Email
financialaid@ssmhc.com

In Person

Please see the Financial Counselor at the Facility in which you received care. Addresses are listed below.

Wisconsin

St. Clare Hospital
 707 14th St.
 Baraboo, WI 53913

St. Mary's Hospital
 700 S. Park St.
 Madison, WI 53715

St. Mary's Janesville Hospital
 3400 E. Racine St.
 Janesville, WI 53546

Illinois

St. Mary's Hospital - Centralia
 400 N. Pleasant Ave
 Centralia, IL 62801

Good Samaritan Regional Medical Center - Mount Vernon
 1 Good Samaritan Way
 Mount Vernon, IL 62864

Missouri

SSM Cardinal Glennon Children's Medical Center
 1465 S. Grand Blvd.
 St. Louis, MO 63104

SSM DePaul Health Center
 12303 DePaul Dr.
 St. Louis, MO 63044

SSM St. Joseph Health Center
 300 First Capitol Drive
 St. Charles, MO 63301

SSM St. Joseph Health Center - Wentzville
 500 Medical Drive
 Wentzville, MO 63385

SSM St. Joseph Hospital West
 100 Medical Plaza
 Lake Saint Louis, MO 63367

Missouri

SSM St. Mary's Health Center
 6420 Clayton Rd.
 Richmond Heights, MO 63117

SSM St. Clare Health Center
 1015 Bowles Ave.
 Fenton, MO 63026

SSM Health St. Mary's Hospital - Jefferson City
 2505 Mission Dr.
 Jefferson City, MO 65109

SSM Health St. Mary's Hospital - Audrain
 620 E. Monroe
 Mexico, MO 65265

St. Francis Hospital - Maryville
 2016 South Main Street
 Maryville, MO 64468

Oklahoma

Bone & Joint St. Anthony Hospital
 1111 N. Dewey Ave.
 Oklahoma City, OK 73103

St. Anthony Hospital
 1000 N. Lee
 Oklahoma City, OK 73102

St. Anthony Shawnee Hospital
 1102 W. MacArthur St.
 Shawnee, OK 74804

Box 1629

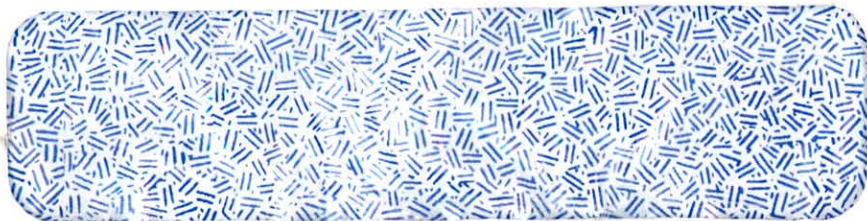
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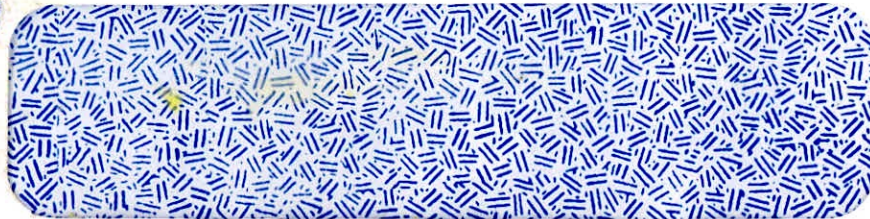
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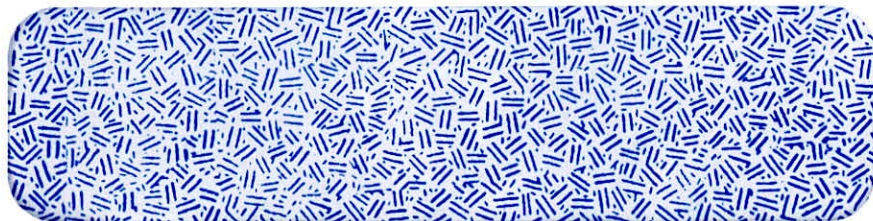
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